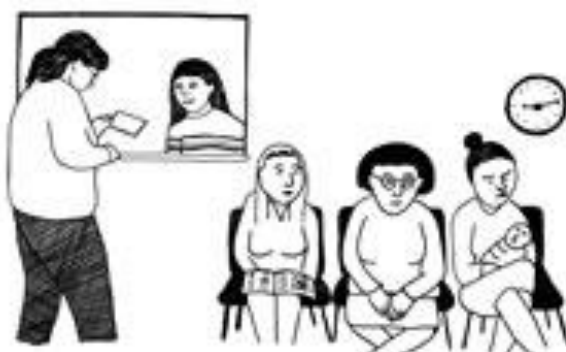


All about my Health



Insert
photo

Name

**This book belongs to me.
Please return it to me after you have looked at it.**

Introduction

This booklet is all about me and my health.

It tells you important information so that you can provide me with the right support to be as healthy as I can.

It should come with me when I

- ◆ go to see somebody about my health
 - :-To the doctors, dentist, and optician
 - :-To hospital
- ◆ move house
- ◆ go to respite
- ◆ go on holiday

**I want all the people who care for me to read my
'All about my health'.**

Please ask me if you want to share my information with other people.

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Very Important information about Me

Completed by

Date

Reviewed by

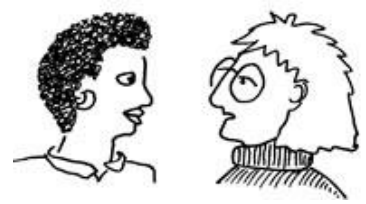
Date

Details



My name is:		
I like to be known as:		
I live at:		
My date of birth is:		
Next of Kin:		
My parents / carers are:		
Contact Numbers -	Home:	Mobile:
My NHS number is:		
My GP is:		
My Surgery is:		
Contact Number:		
Alternative Carers:		
Name:		
Contact Numbers:	Home:	Mobile:

Communication



My first language is...

<p>How I communicate with you e.g words, signs, gestures, eye pointing.</p>	
--	--

<p>How you communicate with me e.g words, signs, gestures, eye pointing.</p>	
---	--

Medical History



Past Medical History:	
Current Health issues:	
Family medical history: e.g. heart disease; cancer; lung disease; stroke	

Professionals I see regularly



Health Professional	Contact Details	Reason

Medication



I usually take my medication:

Tablets

Liquid

Other

Please describe...

Medication	Why I take it?	How I take my medication? E.g oral	What does it look like? E.g suspension

	Yes	No
I need blood tests to check my medication		
If yes how often?		
I am allergic to some medication		
If yes which medication?		



Reasonable Adjustments


Please see my reasonable adjustment care plan.

What extra things do I need, so I can get health services as good as other people?’

When you support me to a health appointment I may need :-	✓ Tick below
My carer to stay with me	
Longer appointment	
Help with physical examination	
Help with procedures	
Help to have a blood test / injection	
Easy read information	
Changes to environment e.g. Quieter room; Dimmed lighting	
Desensitization visits	
Sedation	
Physical intervention	
Support with consent to treatment	

Health Action Plan



<u>Date</u>			
Name		Date of Birth	
Address			
My health need	Health Action to be taken	Who will help me?	When we will check it is done

Annual Health Check



Height			
Weight			
BMI			
Blood pressure			
Pulse			
Urinalysis			
Medication review			
Cardiac risk assessment			
Blood tests			
Continence assessment			
Skin care			
Eye test / Eye care			
Hearing test / Ear care			
Dental / Mouth care			
Podiatry / Foot care			
Mobility			
Immunisation – Flu / pneumonia vaccine			
Well person check Testicular check or Breast check			
Health promotion –Advice Diet / Exercise Smoking / alcohol			
National screening programmes			
Bowel			
Breast			
Cervical			

For further information on completing this document, please contact a member of the health facilitation team.

Health facilitators are located at the learning disability community team bases which are detailed below:

Wirral— Community Learning Disability Team

Address: Stein Centre, St Catherines Hospital, Derby Road, Birkenhead, CH42 0LQ

Tel: 0300 303 3157

Cheshire West —Eastway

Address: Countess of Chester Health Park, Liverpool Road, Chester CH2 1BQ

Tel: 01244 397222

Cheshire West (Vale Royal) - Wyvern House

Address: The Drummer, Winsford, Cheshire, CW7 1AH

Tel: 01606 288850

Cheshire East (South Cheshire) - Stalbridge Road Clinic

Address: 54 Stalbridge Road, Crewe, Cheshire CW2 7LP

Tel: 01270 656 335

Cheshire East - Rosemount

Address: Chester Road, Macclesfield, Cheshire, SK11 8QA

Tel: 01625 509 013

Trafford

Address: 3rd Floor, Waterside House, Sale, Waterside M33 7ZF

Tel: 0161 912 2810

You can also contact staff at the community teams if you need a copy of an older version of this document.

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